

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5443PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2009
NAME OF PROVIDER OR SUPPLIER HOME INSTEAD SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2340 PASEO DEL PRADO D 112 LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>Surveyor: 27469 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/16/09 and finalized on 9/18/09, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.</p> <p>Complaint #NV00021794 was substantiated with deficiencies cited. Please refer to Tag 0450.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	P 000		
P 450 SS=D	<p>Section 21.1(2) Grievance Procedure</p> <p>2. The administrator of an agency shall establish and enforce a procedure to respond to grievances, incidents and complaints concerning the agency in accordance with the written policies and procedures of the agency. The procedure established and enforced by the administrator must include a method for ensuring that the administrator or his designee is notified of each grievance, incident or complaint. The administrator or his designee shall personally investigate the matter in a timely manner. A client who files a grievance or complaint or reports an incident concerning the agency must be notified of the action taken in response to the grievance, complaint or report or must be given a reason why no action was taken.</p>	P 450		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 450	Continued From page 1 This STANDARD is not met as evidenced by: Surveyor: 27469 Based on interview and record review on 9/16 and 9/18/09, the agency failed to establish and enforce a procedure for incidents by not providing notification to the guardian of three falls for 1 of 1 clients. Severity: 2 Scope: 1	P 450			

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